## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			23					RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
тс	TAL CHARGEA	ABLE CLAIMS	73 minus 20=		* 3			X\$ 9=		OR	X\$18=	50
INC	DEPENDENT CL	LAIMS	3 minus 3 =		* 0			X43=		1	· X86=	1
ML	JLTIPLE DEPEN	NDENT CLAIM PI						740-		OR		
± 14			Line Abon De		"0" in a			+145=		OR	+290=	<u> </u>
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	824	
	C	LAIMS AS A (Column 1)	MENDED		- PART II (Column 2) (Column 3)			SMALL	ENTITY	OR	OTHER SMALL E	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	] [	X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<sup>]</sup>	+145=		1 1	+290=	,
								TOTAL		OR	TOTAL	
(Column 1) (Column 2) (Column 3)								ADDIT. FEE		Un ,	ADDIT. FEE	
_		CLAIMS		HIGH	EST		] [		ADDI-			ADDI-
AMENDMENT B	1	REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	DUSLY	PRESENT EXTRA		RATE -	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	+145=			+290=	
								TOTAL		OR	TOTAL	,
,								ADDIT. FEE		OR ,	ADDIT. FEE	
		CLAIMO L			nn 2) EST	(Column 3)	1 . <sub>E</sub>	· ·				<u></u>
AMENDMENT C		REMAINING AFTER AMENDMENT	·	NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	:	RATE	ADDI- TIONAL FEE
	Total	<del></del>	Minus	**		=		X\$ 9=		OR	X\$18=	<u> </u>
	Independent	*	Minus	***		=	╽┟	X43=			X86=	
₹	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENT	CLAIM		┞	A40=		OR		
								+145=		OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  TOTAL ADDIT. FEE												
		ber Previously Paid					er foui	nd in the app	ropriate box	in coli	umn 1.	